Facilitating the Transition Into Nursing Practice

Concepts and Strategies for Mentoring New Graduates

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Because of nursing shortages, hospitals have increased their hiring of new graduate nurses. The transition from school into practice poses unique issues and challenges for the staff, the new graduate, and the staff development department. Orientation programs need to be tailored to inexperienced nurses to foster safe, competent practice yet remain cost-effective for the organization.

New nursing graduates are expected to translate knowledge, principles, and theories learned in school into their practice in a particular setting with specific patient populations. This application to practice not only encompasses new clinical skills and techniques but also includes coping with issues of relationships with patients and families, organizational structure, and group work that may be new to them.

CURRENT TRENDS

The current shortage of registered nurses in the United States appears to be different and more complex than the shortages in the past. Supply and demand issues, increasing opportunities in other careers, limited wages, the nursing workforce, and work environment are contributing factors. Factors affecting the supply of nurses include the fluctuating enrollments in nursing schools and an increased variety of career options that are less physically demanding with better wages (Minnick, 2000). The age of the nursing workforce has increased during the past 25 years, and fewer young persons are entering the nursing profession. People born between 1947 and 1962, known as baby boomers, make up the largest group of U.S. registered nurses based on the data of the National Sample Survey of Registered Nurses (Division of Nursing, U.S. Bureau of Health Professions, 1997). As these baby boomers reach retirement age, the issue that only 9% of registered nurses are younger than 30 years becomes a major concern. The demand for nurses varies according to different reports, but the aging of society and the subsequent healthcare demands indicate that the need for nurses will increase by as much as 22% between 1998 and 2008.

Among the approximately 2 million registered nurses in the United States, 83% are working as nurses, indicating a high labor percentage that leaves little room for expanded participation (U.S. Department of Labor, 2000). Hospitals employ about 60% of all nurses, and nurses are more likely to work in hospitals when they are younger (Minnick, 2000). The strain of physically demanding work, along with working...
evening and night shifts, most likely contributes to the desire for older nurses to seek employment outside the hospital setting. These issues pose challenges for recruitment and retention strategies, as well as providing work environments that promote relations between generational nurses (Santos, 2002). Workplace environment is often cited as the cause of job turnover because of difficult patient caseloads, scheduling, and patient safety issues (Santos, 2002). It is clear that hospitals must provide environments that foster integration into the system and are conducive to recruiting and retaining new graduates, yet they must remain cost-effective in providing orientation programs.

EFFECTS OF INCREASED HIRING OF NEW GRADUATE NURSES

The nursing shortage affects hospitals in terms of operational issues, vacancy rates for registered nurses, and perceived quality of patient care. In response, hospitals have increased the number of new graduate nurses into the hiring pool (American Organization of Nurse Executives’ Institute for Patient Care Research and Education, 2002). However, there is a scarcity of literature discussing the effects of this increased number of new graduates practicing in hospitals. These effects were reviewed in a teaching hospital in the Pacific Northwest, which mirrored the national increase in nurse graduate hires. This hospital established a residency program for graduate nurses with the goal of recruiting and retaining nurses in what was perceived by many students as a fast-paced, high-acuity work setting. Over the years, the number of residency programs and participants increased substantially in this hospital. This influx of new graduates led to a higher ratio of inexperienced nurses in direct patient care, especially on the night shift where typically fewer resources are available. The residency program was initially intended for the medical–surgical acute care units but was expanded into critical care, psychiatry, and the perioperative areas to improve staffing. The critical care units, which were accustomed to experienced nurses, specifically felt the impact.

With the large influx of new graduates, preceptor issues surfaced. The limited availability of preceptors led to inconsistent assignments with multiple preceptors, presenting problems with communication, follow through, and evaluation of goals and progress. The overuse of individuals as preceptors presents the potential for burnout.

From the organizational perspective, other problems surfaced. The cost of orientation programs can be significant. Staffing issues, scheduling, varying unit expectations, and program coordination contributed to these challenges and changes.

WHAT WE EXPECT GRADUATES TO LEARN FROM PRACTICE

To develop a specialty orientation program for graduates, awareness of skills and growth, which are gained from experience as well as from challenges faced by the transition from student to nurse, are valuable for enhancing the methods and programs that assist entry into practice. These factors, once identified, can form the framework for the development of a specialty orientation program.

Benner’s (1984) model of the developmental stages of proficiency in skill acquisition is a common framework that exemplifies graduates as advanced beginners. The clinical world of advanced beginners is characterized by their focus on competing tasks, difficulty managing competing demands, and the inability to adequately prioritize clinical situations and interventions. Advanced beginners tend to delegate to more experienced clinicians when faced with difficult situations, trusting that more experienced clinicians or those at a perceived higher level of authority automatically know how to problem-solve and will take over for them (Benner, Tanner, & Chesla, 1996). Advanced beginners’ lack of experience results in limitations in perceptions of the clinical situation and limited self-confidence to problem-solve, which subsequently limit their clinical interventions.

The transition from student to nurse offers learning experiences beyond those acquired in school. Many of the concepts learned can only be internalized through personal experience. It is as if school prepares students with the tools to think and intervene as a nurse, while work experience enhances their ability to apply and use those tools. In the workplace, the realities of patient care give nurses the chance to apply the theories learned and to identify situations that are or are not supported by those theories.

From a review of the literature on transition to practice, in addition to personal experience working with this population, three concepts emerge that describe the areas of growth gained from experience: role integration, clinical and interpersonal skills, and reshaping of values.

Role Integration

Role integration describes the discovery and sense of self as a nurse. Encountering new situations and discovering new ways of seeing and responding are powerful forces that shape nurses’ personal identity. Personal standards of practice become developed and more evident with experience. Nurses begin to develop self-confidence and their own “voices” as nurses. These new-lived experiences provide nurses with ways of making
meanning of their work and provide avenues for continued personal growth and professional development.

Clinical and Interpersonal Skills

Relationships with others on the healthcare team affect the feeling of belonging in the nursing profession and in the workplace. With the transition from newcomer to insider comes the pressure to fit into the culture of the workplace. Dealing with resistant staff, feeling uncomfortable with posing new ideas or questioning accepted practice, and negotiating with physicians are skills that are expected to be encountered and learned from practice. Learning to work as a member of the team involves establishing relationships, exploring organizational expectations, and assimilating professional socialization. The tendency to rely emotionally and clinically on experienced staff is expected to shift to taking more responsibility for clinical judgments and for voicing disagreements with physicians and experienced nurses (Benner et al., 1996).

Certain organizational skills are expected to be acquired in practice. New hires are expected to grasp knowledge and skills that are intangible, such as teamwork, system navigation, and the pace of the unit. New graduates are rarely prepared for the time management skills that come with complex patient care. Graduates are also expected to build clinical skills in their specific practice area.

Reshaping of Values

Other powerful lessons learned in practice have to do with reshaping ethics and values. New practitioners are faced with situations that they cannot change or cure, such as the limitations of medical treatment, discharging a patient from the hospital who is homeless, or patients who refuse medical care. Nurses learn the level of involvement with patients and learn the boundaries of caring. Benner et al. (1996) stated that by experience, nurses learn their authentic level of involvement with patients, one that is balanced with their own feelings and lessons from going past those boundaries.

A central aspect of nursing is the concept of caring. Nurses experience not only different caring practices but also other phenomenon. The phenomenology of knowing the patient (Tanner, Benner, Chesla, & Gordon, 1996), the ethic of care (Carse, 1996), and compassion (Charon, 1996) are internal practices that are learned through experience. Nurses often speak about paradigm shifts and stories of patients who have had a profound effect in shaping and refining their internal values.

EMPLOYER PERCEPTIONS AND EXPECTATIONS

As students make the transition to practice, they encounter expectations as employees that may be different from those expected of them as students. Most expectations are based in adult learning theory and the shift to the learner as an active participant in the learning process (Norton, 1998a). Consistent with this paradigm, new graduates should be made aware of the inherent and often unspoken expectations of employers.

Upon employment, it is assumed that the graduate nurse is functioning at the advanced beginner level. In a study by Ramritu and Barnard (2001), new graduates described safe practice as working within their limits and accepting the fact that they have basic levels of competence that require support and guidance. Bevis (1989) takes it a step farther and states that safety means more than performing technical tasks correctly; it is also the ability to determine the heart of a problem and solve it creatively. In this sense, new graduates are assumed to have the skills to do this at a basic level but would most likely need growth in this area.

Based on the understanding of this developmental level, new graduates are expected to know their limitations and to seek assistance as needed. As new members of the team, they are expected to participate in identifying their learning needs and to participate in planning learning experiences and goals. This planning requires collaboration with the preceptor, manager, and clinical educator to discuss progress and goal setting.

New nurses are expected to be accountable for their practice and actions and to develop their own best practice. As students, they are often more knowledgeable about recent changes in standards than staff nurses in clinical settings. Employers expect them to raise questions about conflicting information and practices. As newcomers, they have the advantage of seeing things from new perspectives and can offer fresh ideas for positive change. Yet, expert staff nurses need to remain aware of how difficult this is to do at the advanced beginner level. Meeting these expectations and acknowledging these factors eventually lead to integration with the team.

WHAT NEW GRADUATES SHOULD EXPECT FROM EMPLOYERS

The transition into the workplace can be stressful and confusing. Clear communication of expectations, orientation, and performance can assist new graduates in this transition. They deserve guidelines that enhance
their entry. The following guidelines can be viewed as a “bill of rights” for employment.

- Clearly stated expectations and criteria for competent performance are necessary. This includes providing new staff with written performance objectives, criteria for competency, and the time frames for accomplishing these objectives.
- Feedback about performance should be frequent, constructive, and provided verbally and in writing.
- Resources and support systems need to be available and accessible to assist in learning.
- Consistent, qualified preceptors who are invested in the success of the new nurse are integral to a successful transition.
- A safe, trusting environment is necessary for collaboration in the learning process and for individual learning.

ORIENTATION PROGRAM COMPONENTS

Specialty orientation programs that support the transition into practice should be based on the capacities of advanced beginners, expectations and guidelines from the employer, and strategies for mentoring and enhancing transition. The essential components include a structured residency program, preceptor development, administrative support, tools for documenting learning and performance, and innovative strategies for integrating theory and practice.

Residency Programs

The specialty orientation program for new graduates at a hospital in the Pacific Northwest has been in place for 12 years and has undergone many changes in response to changing trends in hiring and practice, cost-containment issues, and outcome monitoring. Currently, it consists of a preceptored clinical experience with trained preceptors, classroom learning, and expected time frames and criteria for completing orientation based on the area of practice. Although it is recognized that the length of time for orientation is individually based, guidelines were established for specific clinical areas. The acute care graduates are expected to require 8–12 weeks of orientation. Since nurses new to critical care practice have additional classes during their orientation period, the length of orientation is extended to 20 weeks to ensure adequate clinical days with preceptors.

Administrative Support

Administrative support is essential to the success of the program. Participation and role clarification of all people involved in the orientation process is crucial. The team typically involves the unit manager, clinical educator, preceptor(s), graduate nurse, staffing department, unit staff, and administration. Through collaboration, guidelines were established on operational issues, such as staffing, time frames to complete orientation, floating to different units, and shift schedules.

Preceptor Development

The effectiveness of preceptor programs has been widely documented in the nursing literature and includes the benefits of socialization, performance, professionalism, job satisfaction, retention, and costs (Olson et al., 2001). Preparation for staff in role development as a preceptor is essential. Preceptor development programs described in the literature incorporate components of characteristics and selection of preceptors, role responsibilities, principles of adult learning, communication skills, teaching techniques, and critical thinking concepts (Meng & Conti, 1995). Ongoing support, education, and mentoring of preceptors are often provided by staff development specialists (Schneller & Hoepner, 1994), who fulfill the roles of coach, facilitator, mentor, and consultant. These mentors assist the preceptors in assessing competency, giving feedback, identifying problems and potential solutions, facilitating networking among preceptors, and revising the program. Meng and Conti (1995) pointed out that preceptors are often novices themselves in this role, and clinical nurse educators and staff development specialists become a “preceptor for the preceptor.”

Evaluation Tools

Tools for guiding and tracking learning and performance provide consistency among preceptors, document progress and goals, and can clarify learning needs. Some organizations have developed a learning pathway that delineates competencies and continued growth. These pathways provide an organized approach to essential components of orientation and are especially useful when multiple preceptors are involved, ensuring consistency in orientation content and skill acquisition (Evers, Odom, Latulip-Gardner, & Paul, 1994). Clinical education staff at this hospital have developed competency pathways for nurse orientation that are unit specific, include general and specialty skill, and types of patient diagnoses that are typical for each unit so all new hires will have gained experience in consistent clinical situations (Good & Schulman, 2000). The competency pathways track learning for 3 years and are used in conjunction with annual performance.
evaluations, informing staff that growth and learning continue after the initial orientation period.

It is recognized that nurses often have difficulty giving verbal and written feedback to orientees, especially if there are problems with performance or communication (Johantgen, 2001). Several different methods and instruments for evaluating clinical performance can be found in the literature (Gomez, Lobodzinski, & Hartwell, 1998). Clinical evaluation tools that measure the new graduates’ assimilation of learning provide consistency in performance criteria and ideally should be viewed as a review of skills acquired and a learning plan to set goals and objectives. The orientee is an integral part of this process. Both preceptor and orientee ideally formulate goals and discuss performance assessment together. The clinical evaluation tool at this hospital was developed with preceptor involvement and, in the process, fostered teamwork, recognition, effectiveness, and ideas for improvement. Categories for evaluation include communication, critical thinking, integrating feedback, and accountability (see Figure 1).

**Integrating Theory and Practice**

Learning experiences are optimized by inclusion of multiple strategies and techniques. In a review of the literature on what nurses believed was important and helpful, Meyer and Meyer (2000) found that the practice of new clinical skills was identified as the most important factor in nursing orientation. In a study of critical care orientees, Dunn and Fought (1994) found that observation of procedures, the practice of new skills away from the bedside, and case study reviews were perceived as most useful.

Educators often use the cognitive, psychomotor, and affective domains as the framework for learning. Other principles include matching the desired outcome with the appropriate activity, considering the individual learner, and sequencing learning from simple to complex (Norton, 1998a).

The cognitive domain refers to the knowledge, comprehension, application, analysis, and synthesis of information (Norton, 1998b). This can be achieved by classroom discussions specific to the patient population served. Nurses are required to make complex clinical decisions in daily practice, and much of the literature emphasizes experience as a critical component in decision-making. Lacking this practical experience, application to practice can be enhanced by discussion of case studies that involve clinical and intuitive judgment, critical thinking, negotiating with physicians, and problem solving.

Benner (1984) pointed out that advanced beginners tend to focus on tasks. Psychomotor skills can be practiced in a classroom or laboratory setting to decrease the anxiety of fumbling with equipment at the bedside. Manipulation of hospital-specific equipment and demonstration of technical skills with the preceptor or clinical educator can ease this uncertainty. The classroom setting can also be used for new clinical skills that may be specific for the patient population served.

The affective domain includes beliefs, values, and attitudes and is an important part of nursing education in the clinical setting. Ethical challenges can surface for discussion in case study reviews. Eddy and Schermer (1999) described “shadowing” as a strategy where the learner is paired with an expert, such as a clinical nurse specialist or nurse practitioner, to observe response patterns and behavior, which assists in learning negotiating and in modeling professional nursing. Support group meetings have been incorporated into the classroom agenda and are facilitated by clinical nurse educators. These designated times allow for discussion of dilemmas, conflict resolution strategies, sharing and processing of experiences, and lead to reflective thought and integration. Discussions of the meaning of these new experiences helps nurses interpret and understand behavior or care (Bevis, 1989). On evaluation, the nurses overwhelmingly remark on the benefits of support group time in assisting them in their adjustment to practice.

**PROGRAM EVALUATION**

The evaluation of the program provides information on effectiveness, efficiency, goals, and future trends and needs. Several models for evaluation can be found in the literature (Applegate, 1998). Meyer and Meyer (2000) describe a utilization-focused format to assess what aspects of an orientation program were effective and what could be improved so nurses would feel competent in their role as hospital staff.

A summative evaluation that identifies the merit of a program and provides useful information on the extent to which a program is successful in meeting its goals is essentially a needs assessment. Using multiple data sources and combining qualitative and quantitative data as methods of assessment is supported in the literature (Witkin & Altschuld, 1995). Methods used to gather data, as suggested by Witkin and Altschuld (1995), include archival material, communication processes, and analytic processes. According to this framework, the residency program evaluation integrated information from a number of sources using varying methods to assess program effectiveness and develop plans for improvement.

Archival material such as employment records can be accessed for demographic data and trends in
<table>
<thead>
<tr>
<th>Name</th>
<th>Unit</th>
<th>Orientation Week #</th>
<th>Evaluation Dates From</th>
<th>Examples / Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Skills/Procedures</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Types of skills performed</td>
<td>Consistently performs competently</td>
<td>Occasionally performs competently</td>
<td>Consistently needs help</td>
<td></td>
</tr>
<tr>
<td>Types of patients</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Accountability</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Identifies and uses appropriate resources for assistance</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Recognizes own strengths and weaknesses</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Practices according to HMC Nursing Standards of Care &amp; Practice, including care specific to various age groups</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Communication</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Records and reports accurate information</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Demonstrates therapeutic communication with clients &amp; families</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Communicates appropriately and forms partnerships with all health care professionals including perceptor</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Critical Thinking</td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Sets clinical priorities appropriately</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Incorporates effective organizational skills and uses problem solving skills</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Identifies patient needs, intervenes appropriately, evaluates outcomes of nursing care</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Reflection and Integration</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>Acts as the clients’ advocate</td>
<td>1</td>
<td>1</td>
<td>1</td>
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<tr>
<td>Values and respects clients’ diversity and culture</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tr>
<tr>
<td>Integrates information and feedback and adjusts clinical practice accordingly</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td></td>
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<tr>
<td>Identifies personal stresses/challenges and coping strategies</td>
<td>1</td>
<td>1</td>
<td>1</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Patient Experiences</th>
<th>Focus and Goals for Next Week(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Types of patients:</td>
<td>Focus:</td>
</tr>
<tr>
<td>Clinical skills desired:</td>
<td>Ancillary staff interaction:</td>
</tr>
</tbody>
</table>

| Orientee Comments | |

| Signature of Orientee | Date | Signature of Preceptor | Date | Signature of Nurse Manager | Date |
recruitment and retention. This can be specific to particular nursing units to focus on their issues and indicators of success.

The communicative processes of evaluation were carried out with the target group, the new graduates themselves, to get information and opinions from their perspective. An effective survey asks for informed opinions based on personal experience (Witkin & Altschuld, 1995). Three components evaluated various parts of the program: their experience with their preceptor, unit integration, and the evaluation of the program as a whole (see Figure 2).

A survey was developed and distributed to assess the quality of the preceptorship. Each participant was given two surveys to complete on their choice of preceptors who had the most influence in their orientation. A category scale of preceptor behaviors and learning situations was developed to determine the strength or preceptor competency and learning situations, as well as an objective means for analysis and feedback.

![Figure 2](image-url)

**Unit Integration**

Unit ______________________
Preceptor ______________________
Your name ______________________

Please respond to the following statements regarding your preceptor.

<table>
<thead>
<tr>
<th>Has your preceptor:</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>Rarely</th>
<th>Unable to evaluate</th>
</tr>
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<tbody>
<tr>
<td>helped you assess your strengths and needs?</td>
<td></td>
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<tr>
<td>been someone you could trust and be honest with?</td>
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<tr>
<td>helped you formulate your own learning goals?</td>
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<td></td>
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<tr>
<td>provided opportunities for you to practice new skills?</td>
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<td></td>
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<tr>
<td>asked questions that stimulated your thinking?</td>
<td></td>
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<td></td>
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<tr>
<td>given clear explanations?</td>
<td></td>
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<tr>
<td>invited you to ask questions?</td>
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<tr>
<td>listened carefully to what you said?</td>
<td></td>
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<td></td>
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<tr>
<td>provided consistent, valuable verbal feedback throughout your work together?</td>
<td></td>
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<tr>
<td>provided consistent, valuable written feedback throughout your work together?</td>
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<tr>
<td>selected patient assignments based on your developmental level in the program?</td>
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<tr>
<td>treated you with concern and respect?</td>
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<td></td>
<td></td>
</tr>
<tr>
<td>enjoyed teaching?</td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>enjoyed learning?</td>
<td></td>
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</table>
Information on unit integration was obtained from a brief survey soliciting feedback and was analyzed to assess the learning environment and involvement of the staff as factors in socialization.

The third component of the survey evaluated the course components, as well as an evaluation of the course coordinator or nurse educator, and was provided from all three groups: nurse graduates, preceptors, and managers.

An interactive assessment was performed as well with the new graduates. At the end of the course when participants were perceived to be more comfortable and open to expressing themselves, a group process was conducted. Discussions between the new graduates and the clinical educators took place to identify those program components that were effective and those aspects of the program that could be improved. Together, the graduates and clinical educators formulated changes in the program to contend with problem areas that were identified.

Debriefing sessions and group forums with preceptors are valuable for sharing information and experiences, identifying issues and potential solutions for change, and enhancing the network among the preceptors and educators. A survey that evaluates the preceptors was requested and proposed by the

Please describe your integration to the unit.

1. Were you well-received?

2. What aspects of your orientation were especially helpful to you?

3. What would make the unit orientation better?

4. Which of the preceptor’s teaching skills best fit with your learning needs?

5. What are the areas in which preceptors could improve?

Please return this form to the Nurse Educator for your area. We will provide the preceptors with this feedback. Thank you.
preceptors through an open forum. The preceptors were instrumental in the development of the tool.

Respondents, or those who can provide additional information about the program, were identified as the preceptors and nurse managers. Discussions were held with both groups to solicit feedback and ideas for improvement.

Combining input from these various perspectives offers a broad view to assess program effectiveness. This approach of participatory evaluation, as described by Fink (1993) and others, can augment meaning, support, and investment of those involved in the program. Program changes were initiated and based on the program evaluation and included an additional classroom day, modification of the expected time frames for completion of orientation, and strategies for ongoing preceptor support.

**SUMMARY**

Nurses who are new to the profession benefit from specialty orientation programs during the transition
from student to nurse status. Understanding of the skill level of advanced beginners and the growth that is gained from experience can guide the program components of a specialty orientation program. The preceptor model has been found useful for integrating new nurses and for reciprocal learning and growth of experienced nursing staff. Awareness of expectations from both the employer’s and graduate nurse’s points of view enhances the effectiveness of orientation and leads to a tailored orientation that supports the new orientee, as well as benefits the employing institution. Several strategies for providing active learning experiences in a safe and stimulating environment are offered. The educational goals of specialty orientation programs are to encourage creative thinking, foster integration into the system and nursing profession, and promote the skills of lifelong learning.

REFERENCES


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